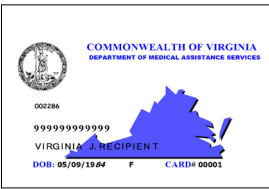
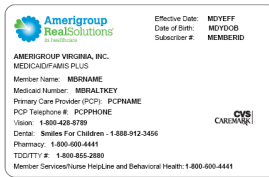
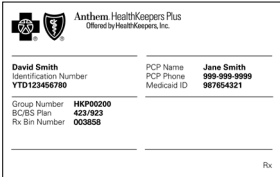
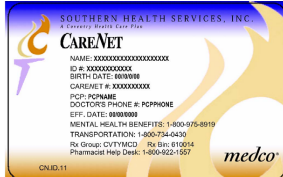

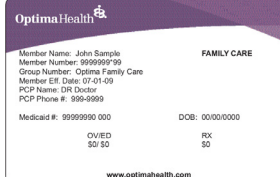
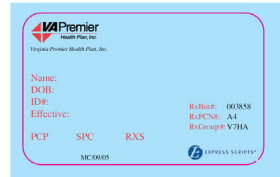
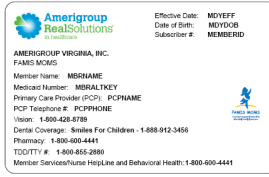
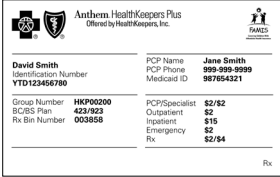
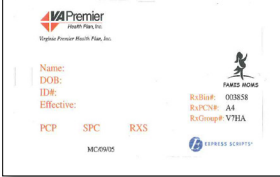
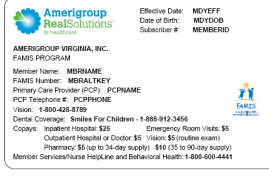
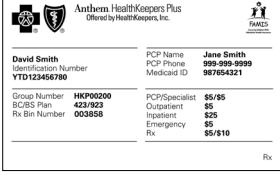

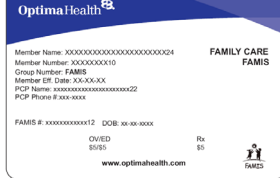



## Medicaid / FAMIS Programs Comparison

Program	Eligibility	Copays	Copay Exceptions																				
<b>Medicaid</b> Medicaid program covering medical care for eligible low income individuals who qualify for a coverage group	<ul style="list-style-type: none"><li>Low-income individuals who qualify for a Medicaid covered group, such as pregnant woman, parents of dependent children, blind or disabled individuals, individuals under hospice care, individuals age 65 or older, or other medically needy criteria.</li></ul>	Fee-for-service co-pays apply for ages 21 and older: <table><tr><th>Service</th><th>Copay</th></tr><tr><td>Inpatient</td><td>\$100.00 per</td></tr><tr><td>Outpatient</td><td>3.00 per visit</td></tr><tr><td>Clinic visit</td><td>1.00 per visit</td></tr><tr><td>Physician</td><td>1.00 per visit</td></tr><tr><td>Other</td><td>3.00 per visit</td></tr><tr><td>Eye exam</td><td>1.00 per</td></tr><tr><td>Prescription</td><td>1.00 for</td></tr><tr><td>Home health</td><td>3.00 per visit</td></tr><tr><td>Rehabilitation</td><td>3.00 per visit</td></tr></table>	Service	Copay	Inpatient	\$100.00 per	Outpatient	3.00 per visit	Clinic visit	1.00 per visit	Physician	1.00 per visit	Other	3.00 per visit	Eye exam	1.00 per	Prescription	1.00 for	Home health	3.00 per visit	Rehabilitation	3.00 per visit	<ul style="list-style-type: none"><li>No copays for children under 21.</li><li>No copays for emergency (including dialysis), pregnancy-related, family planning services/supplies</li><li>No copays for clients receiving long term or hospice care services</li><li>No copays for individuals enrolled in Managed Care including MEDALLION/PCCM and MEDALLION II/Managed Care Organizations (MCO).</li><li>Having other health insurance does not change the Medicaid copay amount if one is required.</li></ul>
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Rehabilitation	3.00 per visit																						
<b>FAMIS Plus</b> Medicaid program covering medical care for eligible children under age 19	<ul style="list-style-type: none"><li>Children under age 19</li><li>Income limits &lt; 133% FPL</li></ul>	No copays																					
<b>Plan First</b> Medicaid program covering family planning services only	<ul style="list-style-type: none"><li>Men and women, any age</li><li>Not eligible for full Medicaid/FAMIS benefits</li><li>Income limits &lt; 200% FPL</li></ul>	No copays	<ul style="list-style-type: none"><li>No co-pays for family planning services/supplies</li><li>List of covered billing codes available online at <a href="http://www.planfirst.org">www.planfirst.org</a></li></ul>																				
<b>FAMIS MOMS Virginia's CHIP program covering eligible uninsured pregnant women</b>  <b>Coverage is same as Medicaid.</b>	<ul style="list-style-type: none"><li>Pregnant women of any age</li><li>Uninsured</li><li>Not eligible for FAMIS Plus program</li><li>Income limits &lt; 200% FPL</li></ul>	Same as Medicaid for services not related to pregnancy	<ul style="list-style-type: none"><li>No copays for pregnancy-related services</li><li>No co-pays for family planning services/supplies</li><li>No copays for enrollee in a MCO for any service</li></ul>																				

<b>FAMIS</b> Virginia’s Child Health Insurance Program (CHIP) covering medical care for eligible uninsured children under age 19	<ul style="list-style-type: none"><li>Children under age 19</li><li>Uninsured</li><li>Not eligible for FAMIS Plus program</li><li>Income limits &lt; 200% FPL</li></ul>	<table><tr><th>Service</th><th>Co-pay Status 1</th><th>Co-pay Status 2</th></tr><tr><td>Outpatient Hospital or Doctor</td><td>\$2 per visit</td><td>\$5 per visit</td></tr><tr><td>Prescription Drugs</td><td>\$2 per prescription</td><td>\$5 per prescription</td></tr><tr><td>Inpatient Hospital</td><td>\$15 per admission</td><td>\$25 per admission</td></tr><tr><td>Non-emergency use of Emergency Room</td><td>\$10 per visit</td><td>\$25 per visit</td></tr><tr><td>Yearly Co-payment Limit per Family</td><td>\$180</td><td>\$350</td></tr></table>	Service	Co-pay Status 1	Co-pay Status 2	Outpatient Hospital or Doctor	\$2 per visit	\$5 per visit	Prescription Drugs	\$2 per prescription	\$5 per prescription	Inpatient Hospital	\$15 per admission	\$25 per admission	Non-emergency use of Emergency Room	\$10 per visit	\$25 per visit	Yearly Co-payment Limit per Family	\$180	\$350	<ul style="list-style-type: none"><li>No copays for enrollees in FFS.</li><li>No copays for preventative child health services, well-child care, immunizations or family planning services/supplies</li><li>No copays for pregnancy-related services</li><li>See Managed Care Organization (MCO) ID card for copay amount, if one if required.</li><li>Children living in a locality that does not have a MCO plan to administer benefits will access health care through the fee-for-service program.</li><li>There are no copayments for children in the fee-for-service program. These patients will only have DMAS ID Card.</li><li>The copay status is identified on the letter the client receives from FAMIS providing notification of approval for FAMIS coverage</li><li>Native Americans and Alaskan Natives do NOT have any co-pays</li></ul>
Service	Co-pay Status 1	Co-pay Status 2																			
Outpatient Hospital or Doctor	\$2 per visit	\$5 per visit																			
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<b>Newborn Eligibility Information</b>	<ul style="list-style-type: none"><li>Newborns born to mothers enrolled in Medicaid, FAMIS or FAMIS MOMS are deemed eligible for coverage for their first year and are automatically enrolled in coverage upon report of the birth to their eligibility worker at local Department of Social Services or FAMIS Central Processing Unit.<ul style="list-style-type: none"><li>Who can report the birth? Hospital providers can use the DMAS-213 Hospital form and DMAS MCOs can use the DMAS-213 MCO form. Both forms are available electronically for download at <a href="http://dmasva.dmas.virginia.gov">http://dmasva.dmas.virginia.gov</a> under “Search Services / Forms Search”.</li></ul></li><li>Managed Care enrolled mother in Medicaid, FAMIS or FAMIS MOMS? Baby is covered by the mother’s MCO for the birth month plus 2 additional months.</li></ul>																				
<b>How to verify eligibility</b> DMAS Web Portal is the easiest way to check Medicaid and FAMIS member eligibility up to ten members at a time: <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a> . MediCall/Automated Response System (ARS) can be used to check member eligibility: 1-800-884-9730, 1-800-772-9996, 804-965-9732, or 804-965-9733																					
<b>The Special Indicator Code indicates the status of copayments:</b> A - Member is under 21 and has no copay B – Member is receiving long term care or other community based services and no copay is required for any service C – All other members and copays applying for inpt hospital admissions, outpt hospital clinic visits, clinic visits, MD office visits, prescriptions, etc.																					

<b>DMAS ID Card</b>		<p>All members will be issued the Commonwealth of Virginia DMAS ID Card. If the member is enrolled in a MCO, they will also receive an ID card from the MCO plan. Members are responsible to present both the DMAS ID Card and MCO ID Card to providers.</p> <p>Only a MCO card will identify the copay amount (if any). The DMAS ID Card does not identify the copay, even if copay is required.</p>				
<b>MCO ID Cards for Medicaid and FAMIS Plus Products</b>						
<b>MCO ID Cards for FAMIS MOMS Products</b>			<p>No Card</p>	<p>No Card</p>	<p>No Card</p>	
<b>MCO ID Cards for FAMIS Products \$5 copay</b>				<p>No Card</p>		
<b>MCO ID Cards for FAMIS Products \$2 copay</b>	